



CHILDREN'S ADMINISTRATION  
**CERTIFICATION FOR LICENSE  
OF FOSTER HOME**

☐ New ☐ Renewal ☐ Amend

DATE OF REASSESSMENT

EFFECTIVE DATE OF LICENSE

The \_\_\_\_\_ of \_\_\_\_\_ Washington,  
NAME OF PRIVATE AGENCY  
recommends that a foster home license be issued to:

NAME, LAST, FIRST, M.I.:

NAME, LAST, FIRST, M.I.:

SOCIAL SECURITY NUMBER

BIRTHDATE

SOCIAL SECURITY NUMBER

BIRTHDATE

RACE

DATE BACKGROUND INQUIRY REQUESTED

RACE

DATE BACKGROUND INQUIRY REQUESTED

STREET ADDRESS

CITY

STATE ZIP CODE

who reside at:

for the following care of children:

TYPE OF CARE

NUMBER IN CARE

SEX

AGE OF FOSTER CHILDREN

Full time foster care

☐ Male

☐ Female

from

through

years

If any of "own" children in home are handicapped, briefly describe specifics in comment section on reverse side of this card.

ALTERNATE STREET ADDRESS

CITY

STATE ZIP CODE

A change of agencies requires relicensing. Name previous agency:

List all other persons living in home.

NAME

BIRTHDATE

RELATIONSHIP

DATE OF BACKGROUND  
REQUEST

Comments:

☐ Pre-service completed on \_\_\_\_\_

☐ Enrolled in PRIDE on \_\_\_\_\_

☐ Completed PRIDE on \_\_\_\_\_

DATE APPLICATION RECEIVED

DATE OF HOME VISIT

DATE HOME STUDY COMPLETED

☐ I hereby certify the home complies with minimum licensing requirements for foster homes.

☐ This certification and /or home requires a waiver to WAC 388-148 \_\_\_\_\_ in order to meet all minimum licensing requirements; Request for Waiver attached.

☐ First aid and CPR completed and current for both applicants; expires on \_\_\_\_\_

☐ HIV/AIDS Training completed on \_\_\_\_\_

NAME

TITLE

DATE